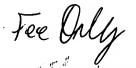
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## N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.

10/607,138

Confirmation No. 5147

Inventors

HACK et al.

Filed

June 27, 2003

For

**GREY SCALE BISTABLE DISPLAY** 

**Group Art Unit** 

2818

Examiner

NGUYEN, Thinh T.

Attorney Docket No. :

10020/28501

Customer No.

23838

Mail Stop: Amendments Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## AMENDMENT AND RESPONSE TO ELECTION OF SPECIES REQUIREMENT

SIR:

In response to the restriction requirement of October 1, 2004, and before the expiration of the one-month due date of November 1, 2004, applicants submit the following amendment and remarks.

Amendment to the claims begin on page 2 Remarks begin on page 8

	PATENT	Application or Docket Number  10020 2850										
CLAIMS AS FILED - PART I												
F	OTAL CLAIMS		(Column 1)		: (Column 2)		SMAL!	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			22				RAT	Ε.	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 3	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		2		X\$ 9	=		OR		36
INDEPENDENT CLAIMS			3 minus 3 =		4	<b>\$</b>				OR	X84=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				+140=					-
* If the difference in column 1 is			less than zero, enter "0" in column 2			column 2				OR	+280=	
							ATOT	r [		OR	TOTAL	786_
		(Column 1)	MENDE	MENDED - PART II (Column 2) (C			SMAL	SMALL ENTITY		OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA	RATE	E TI	ODI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	. 23	Minus	** a	2	= /	X\$ 9	=		OR	X\$18=	18
		*	Minus	***	1		X42=			OR	X8¥=	88
	J. III OT TRESC	ENTATION OF MI	ULTIPLE DE	PENUENI	CLAIM		+140=		,	OR	+280=	
		_ • • • • •					TOT			OR	TOTAL	11) to
		ADDIT. FI	:E <u></u>		1 /	ADDIT. FEE	VOΨ					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIO PAID F	IER USLY	(Column 3) PRESENT EXTRA	RATE	TIC	DDI- ONAL		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** .		=	X\$ 9=			OR	X\$18=	
	Independent	•	Minus	***		=	X42=	+	1		X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╁		OR		
	,						+140=			OR	+280=	
							ADDIT. FE			OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE	TIC	ODI- ONAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**			X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***			X42=	+		1	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	∧o4=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** (	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  AD									OR A	TOTAL DDIT. FEE	•
	The "Highest Num	mber Previously Paid ber Previously Paid	ud For" (Total or	SPACE IS Independer	iess than ti) is the	i 3, enter "3." highest number fo	_		iate box	•		